

## 2005 Recycling Grants to Responsible Units Application Short Form

Form 8700-222S (R 4/04)

Page 1 of 2

### INSTRUCTIONS

1. Submit an original application (only pgs. 1 and 2), typed or in pen. Keep a copy for your use.
2. Respond to all questions. If a question is not applicable to you, enter "N/A" or "O".
3. This form is authorized by Chapter 287, Wis. Stats., and Chapter NR 542, Wis. Adm. Code. Completion of this form is mandatory. **Failure to submit a completed form to the Department by October 1, 2004 will result in denial or reduction of grant funds for 2005.**
4. Personally identifiable information on this form is intended to be used by the Department only for recycling program purposes.

### SECTION 1: APPLICANT INFORMATION

1. Responsible Unit Name	Municipal Code	Transfer your municipal code to the space provided at the top right corner of each page of the application.
County	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Authorized Representative (first, initial, last)	Name of Contact Person (first, initial, last)	
Title	Title	
Telephone Number (include area code)/BEST TIME TO CALL	Telephone Number (include area code)/BEST TIME TO CALL	
FAX Number (include area code)	FAX Number (include area code)	
Mailing Address-Street or Route	Mailing Address-Street or Route	
City, State, Zip Code	City, State, Zip Code	
E-mail Address	E-mail Address	

2. List of Municipalities: Identify all the municipalities included in your responsible unit (RU) and their municipality code numbers. (Attach a separate page if more space is needed.)

Municipality Name	Code	Municipality Name	Code

3. Site Review: Does your recycling or yard waste program for 2005 include any of the following activities?

Rehabilitation of a building or structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Removal or demolition of a building, structure or ruin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acquisition of land by purchase, gift, trade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction of drop off center, materials processing center or other structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other ground disturbance (for example, grading, heavy machinery traffic, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**2005 Recycling Grant**

Municipal Code

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**SECTION 2 - SUMMARY OF ELIGIBLE PROGRAM COSTS**

Summarize your program costs by transferring information from Forms 3 and 4 as indicated. (Do not submit Forms 1 through 4, but keep them for your records.)

4. Total costs of Recycling Program (line 18, Form 4)

5. Ineligible Costs (line 4, Form 3)

6. Revenue from sale of recyclables (line 24, Form 3)

7. Other deductible revenue (line 22, Form 4)

8. Net eligible recycling and yard waste costs (line 24, Form 4)\*

9. Costs of handling yard waste (line 25, Form 4)

2005	For DNR Use Only
4.	
5.	
6.	
7.	
8.	
9.	

\*NOTICE: Net eligible recycling costs (line 8 above) must not include the cost of collection, processing or marketing of recyclables from commercial, retail, industrial, or governmental facilities, or from buildings containing 5 or more dwelling units.

**SECTION 3 - AUTHORIZING RESOLUTION AND ASSURANCES**

An authorizing resolution designating a representative to file this application and handle all grant actions is required of all responsible units.

11. Is a valid resolution on file with the DNR regional office?

☐ Yes

☐ No     Submit. (A model resolution for your use is included at the end of the application instructions.)

I hereby certify that to the best of my knowledge, the information contained in this application and application attachments is correct and true. I understand and agree that any grant monies awarded as a result of this application shall be used in compliance with Chapter 287, Wis. Stats., and Chapters NR 542 and NR 544, Wis. Adm. Code.

Authorized Representative Signature	
Typed or Printed Name	Date Signed

## 2005 Recycling Efficiency Incentive Grant Application

Form 8700-302 (R 7/04)

Municipal Code   -

**Notice:** Under s. NR 549.08(2), Wis. Adm. Code, Responsible Units, as defined in s. 287.09(1), Wis. Stats., are required to complete this form and submit it to the DNR with a postmark date of no later than October 30, 2004, to be considered for funding under the Recycling Efficiency Incentive Grant Program. Receipt of this information by the DNR is mandatory for a Recycling Efficiency Incentive grant. Failure to submit a completed form will result in the denial of grant funds. Personal information collected on this form will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31 - 19.39, Wis. Stats].

### SECTION 1: EFFICIENCIES ACHIEVED AND MEASURES OF EFFICIENCY

**INSTRUCTIONS:** To qualify for funds, applicants must claim at least one efficiency in subsections A or B below.

#### Subsection A. STATUS (CHECK, IF APPLIES.)

Between October 31, 2003 and October 30, 2004, the applicant:

- ☐ 1. Was a Responsible Unit formed by the merger of two or more prior Responsible Units ("consolidation" per ch. 66, Wis. Stats.)

#### Subsection B. COOPERATIVE AGREEMENTS (CHECK ALL THAT APPLY IN THIS SUBSECTION.)

1. Between October 31, 2003 and October 30, 2004, has the applicant been a party to one or more cooperative agreements with at least one other Responsible Unit consistent with the requirements of s. 66.0301, Wis. Stats.? ☐ Yes ☐ No

2. Indicate types of efficiencies achieved below. (CHECK ALL THAT APPLY.)

☐ Collection and Transportation of Recyclables

☐ Comprehensive Program Planning

☐ Sorting of Recyclables at a Materials Recovery Facility

☐ Educational Efforts About Recycling

3. List Names of Cooperating Responsible Units (Attach a separate page if more space is needed.)	Municipal Code	Agreement	
		Start Date	End Date

4. Please summarize a description of the efficiency checked in Subsection B(2). Include a statement of how your project increases your efficiency. (Limit your description to 3-4 sentences.)

### SECTION 2: SURVEY

In calendar year 2004, have you provided recycling information to your residents? ☐ Yes ☐ No

### SECTION 3: AUTHORIZING RESOLUTION AND CERTIFICATION

All Responsible Units are required to submit a combined authorizing resolution designating a representative to submit this application and handle all grant actions. Resolutions already on file with the DNR for other grant programs **will not** satisfy this requirement. Attach a separate authorizing resolution with this application and submit both to the address below. **IF A RESOLUTION IS NOT SUBMITTED WITH A COMPLETE APPLICATION, NO FUNDS WILL BE AWARDED.**

*I certify that, to the best of my knowledge, the information contained in this application and attachments are true and correct. I understand that any grant monies awarded as a result of this application shall be used in compliance with Ch. 287, Wis. Stats., and ch. NR 549, Wis. Admin. Code.*

Authorized Representative Signature	Typed or Printed Name	Date Signed
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Submit complete application and authorizing resolution to:

**Recycling Efficiency Incentive Grant Program (CF/8)**  
**Wisconsin Department of Natural Resources**  
**P.O. Box 7921**  
**Madison, WI 53707-7921**

**POSTMARK DEADLINE = OCTOBER 30, 2004**

Responsible Unit Name	County	Municipal Code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
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	A	B	C	D	E	F	G	H
UCA Acct/Obj #      Description (See UCA expense definitions in the instructions)	Youth & Public Education	<u>Costs of Collection</u> at Curbside	at Dropoff Sites	Processing & Transportation to Market	Program Administration & Enforcement	Total Costs Estimated for Calendar Year 2005	Estimated Recycling Costs	Estimated Yard Waste Costs
<b>RECYCLING EXPENSES:</b>								
1. 53635 - 100 Salaries/wages & employee benefits								
2. 53635 - 210 Consulting & professional services								
3. 53635 - 220 Utility services								
4. 53635 - 240 Purchased repairs & maintenance								
5. 53635 - 290 Purchased services-printing & adv.								
6. 53635 - 290 Purchased services-other								
7. 53635 - 310 Office supplies								
8. 53635 - 320 Subscriptions & dues								
9. 53635 - 330 Employee travel & training								
10. 53635 - 340 Operating supplies								
11. 53635 - 350 Repair & maintenance supplies								
12. 53635 - 510 Insurance								
13. 53635 - 530 Rents & leases								
14. 53635 - 540 Depreciation								
15. 53635 - 540 Hourly equipment use charges								
16. 53635 - 900 Cost allocations								
17. _____ - ____ Other (specify) _____								

**18. Total Costs of Recycling Program**

Transfer total costs in Column F to Form 4, Column A.  
Sum of Columns G and H must equal Column F.

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Responsible Unit Name	County	Municipal Code
		<div><div></div><div></div><div>—</div><div></div><div></div><div></div></div>

SCHEDULE I: RECYCLING DEPRECIATION

	A	B	C	D	E	F	G
	Description of equipment or facility used in recycling	Date of purchase	Original cost of item	% use in recycling	Prorated recycling cost	Expected life (years)	2005 RECYCLING DEPRECIATION
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Line 13: Estimated recycling depreciation cost for **2005:**

SCHEDULE II: YARD WASTE DEPRECIATION

	A	B	C	D	E	F	G
	Description of equipment or facility used for yard wastes	Date of purchase	Original cost of item	% use in yard waste	Prorated yard waste cost	Expected life (years)	2005 YARD WASTE DEPRECIATION
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Line 26: Estimated yard waste depreciation cost for **2005:**

Line 27: **Total Estimated Depreciation Costs for 2005:** (Add line 13 of Schedule I and line 26 of Schedule II. Enter sum on Form 4, line 14.)

Do not claim DOT hourly use expenses for any item for which you claim depreciation expenses.

Responsible Unit Name

County

Municipal Code

□ □ — □ □ □

**SCHEDULE I: RECYCLING EQUIPMENT USE**

E  
**2005**

	A Description of equipment used in recycling	B Date of Purchase	C DOT approved hourly rate	D <b>2005</b> recycling hours of use	Estimated Cost of Using Equipment for Recycling
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Line 13: Estimated recycling equipment use cost for **2005:**

**SCHEDULE II: YARD WASTE EQUIPMENT USE**

E  
**2005**

	A Description of equipment used for yard waste	B Date of Purchase	C DOT approved hourly rate	D <b>2005</b> yard waste hours of use	Estimated Cost of Using Equipment for Yard Waste
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Line 26: Estimated yard waste equipment use cost for **2005:**

Line 27: **Total Estimated Equipment Use Costs for 2005:** (Add line 13 of Schedule I and line 26 of Schedule II. Enter sum on Form 4, Line 15.)

# Ineligible Costs/Recyclables To Be Collected - 2005 Form 3

Form 8700-222C (R 4/04)

Responsible Unit Name	County	Municipal Code
		<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

## SCHEDULE I: INELIGIBLE COSTS

List all expenses you have included in UCA Account 53635 which are ineligible costs in accordance with s. NR 542.05(2), Wis. Adm. Code:

1. Costs of handling items banned from landfilling or incineration per s. 287.07, Wis. Stats.:

a. Automotive batteries

b. Waste oil

c. Major appliances ("white goods")

2. Interest or finance charges

3. Other (specify) \_\_\_\_\_

4. Total ineligibles (transfer to line 19, Form 4)

Ineligibles included  
in 2005 proposed costs

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

**For DNR Use Only**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

## SCHEDULE II: RECYCLABLES TO BE COLLECTED

Enter in column A estimated weights for all recyclables which you expect to be handling in 2005. Enter zero in columns B and C (and line 24) if your responsible unit does not expect to receive payment for the sale of those recyclables.

	A Weight (tons)	X	B Estimated price per ton	=	C Estimated 2005 revenue from recyclables
5. Aluminum containers	_____	X	\$ _____	=	\$ _____
6. Corrugated cardboard	_____	X	\$ _____	=	\$ _____
7. Glass containers	_____	X	\$ _____	=	\$ _____
8. Magazines and similar glossy paper materials	_____	X	\$ _____	=	\$ _____
9. Newspapers and newsprint materials	_____	X	\$ _____	=	\$ _____
10. Office paper	_____	X	\$ _____	=	\$ _____
11. Plastic soda bottles (PET) #1	_____	X	\$ _____	=	\$ _____
12. HDPE milk jugs #2	_____	X	\$ _____	=	\$ _____
13. Other HDPE plastic containers #2	_____	X	\$ _____	=	\$ _____
14. Polyvinyl chloride (PVC) containers #3	_____	X	\$ _____	=	\$ _____
15. Low density polyethylene #4	_____	X	\$ _____	=	\$ _____
16. Polypropylene (PP) plastic containers #5	_____	X	\$ _____	=	\$ _____
17. Polystyrene (PS) containers #6	_____	X	\$ _____	=	\$ _____
18. Foam polystyrene packaging #6	_____	X	\$ _____	=	\$ _____
19. "Other resin" plastic containers #7	_____	X	\$ _____	=	\$ _____
20. Steel containers ("tin cans")	_____	X	\$ _____	=	\$ _____
21. Bi-metal containers	_____	X	\$ _____	=	\$ _____
22. Waste tires	_____	X	\$ _____	=	\$ _____

23. Total tonnage of recyclables =

\_\_\_\_\_

24. Total revenue from recyclables =  
(Sum 1-22, Column C.) Transfer total  
revenue to Form 4, Line 21

\$ \_\_\_\_\_

Responsible Unit Name	County	Municipal Code <span style="float: right;">□□ — □□□</span>
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**Instructions:** In Column A, enter the costs you have listed on Column F, Form 1.

<u>UCA Acct/Obj #</u>	<u>Description</u>	A Recycling costs proposed for 2005	For DNR Use Only
<b>RECYCLING EXPENSES per UCA Account 53635:</b>			
53635 - 100	Salaries/wages and employee benefits	1. _____	_____
53635 - 210	Consulting and professional services	2. _____	_____
53635 - 220	Utility services	3. _____	_____
53635 - 240	Purchased repairs and maintenance	4. _____	_____
53635 - 290	Purchased services - printing and adv.	5. _____	_____
53635 - 290	Purchased services - other	6. _____	_____
53635 - 310	Office supplies	7. _____	_____
53635 - 320	Subscriptions and dues	8. _____	_____
53635 - 330	Employee travel and training	9. _____	_____
53635 - 340	Operating supplies	10. _____	_____
53635 - 350	Repair and maintenance supplies	11. _____	_____
53635 - 510	Insurance	12. _____	_____
53635 - 530	Rents and leases	13. _____	_____
53635 - 540	Depreciation (attach Form 2D)	14. _____	_____
53635 - 540	Hourly equipment use charges (attach Form 2E)	15. _____	_____
53635 - 900	Cost allocations	16. _____	_____
_____ - _____	Other (specify) _____	17. _____	_____
53635	Total Costs of Recycling Program (sum 1 through 17)	18. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Subtract: Ineligible Costs (from Line 4, Schedule I, Form 3)		19. _____	_____
<b>ELIGIBLE RECYCLING EXPENSES (18 minus 19)</b>		20. _____	_____
<hr/>			
Subtract: Deductible Revenues			
48307	Revenues from sale of recyclables (from Line 24, Schedule II, Form 3)	21. _____	_____
_____	Other deductible revenue (specify) _____	22. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
Total deductible revenues (21 plus 22)		23. _____	_____
<hr/>			
<b>NET ELIGIBLE RECYCLING COSTS (20 minus 23)</b>		24. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
<hr/>			
Costs of handling yard waste included in above (from Form 1, Column H, Line 18)		25. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>